

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90337 040 \*\*\*\*61.25

**DOCUMENT # N35909**

1. Entity Name  
**SANDALHAVEN PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3350 GOLFINCH LANE  
ENGLEWOOD, FL 34224**

Mailing Address  
**3350 GOLFINCH LANE  
ENGLEWOOD, FL 34224**

**50010785**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2987121**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULVER, THAYER  
3340 GOLDFINCH TERRACE  
ENGLEWOOD, FL 34224**

Name **MARY BURNEY**

Street Address (P.O. Box Number is Not Acceptable)

**3042 AUDUBON AVE.**

City **ENGLEWOOD**

**FL**

Zip Code  
**34224**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mary N. Burney - Mary N. Burney - TREASURER 4-7-06*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BIERBAUM, ALMA**  
STREET ADDRESS **3330 GOLDFINCH LANE**  
CITY - ST - ZIP **ENGLEWOOD, FL 34224**

TITLE **T** ☒ Delete  
NAME **CULVER, THAYER**  
STREET ADDRESS **3340 GOLDFINCH TERR**  
CITY - ST - ZIP **ENGLEWOOD, FL 34224**

TITLE **DP** ☒ Delete  
NAME **SAMMONS, BEN**  
STREET ADDRESS **3329 BLUE JAY LANE**  
CITY - ST - ZIP **ENGLEWOOD, FL 34224**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Joe Plummer**  
STREET ADDRESS **3361 Dove Lane**  
CITY - ST - ZIP **Englewood FL 34224**

TITLE **V/D** ☒ Change ☒ Addition  
NAME **Don Taylor**  
STREET ADDRESS **3116 Goldfinch Ter**  
CITY - ST - ZIP **Englewood FL 34224**

TITLE **T/D** ☒ Change ☐ Addition  
NAME **Mary Burney**  
STREET ADDRESS **3042 Audubon Ave.**  
CITY - ST - ZIP **Englewood FL 34224**

TITLE **S/D** ☐ Change ☐ Addition  
NAME **Jean Johns**  
STREET ADDRESS **3025 Audubon Ave.**  
CITY - ST - ZIP **Englewood FL 34224**

TITLE **D** ☐ Change ☐ Addition  
NAME **Beverly Green**  
STREET ADDRESS **3321 Blue Jay Lane**  
CITY - ST - ZIP **Englewood FL 34224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mary N. Burney - Mary N. Burney*

**4-7-06**

**941-697-5736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #